



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

TOWN MEETING

ANOKA STATE HOSPITAL REGION

September 6, 1984

PROGRAM

INTRODUCTORY REMARKS

Miriam Karlins
Town Meeting Coordinator

"FOR YOUR INFORMATION": A REVIEW OF CURRENT STUDIES

Colleen Wieck, Ph.D.
Project Director

CITIZENS RESPOND

Audience Participation

Resource persons are available in the audience to answer questions and supply additional information.

In order to allow time for maximum audience participation, please limit your comments to three minutes.

Persons wishing to write or phone their suggestions, concerns, or questions may do so by writing to Colleen Wieck, Ph.D., Project Director, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101, or phoning (612) 296-4018.

A one-day, toll free call-in will be held statewide on Tuesday, October 16, 1984, from 7:30 a.m. to 5:00 p.m. The procedure will be for the caller to dial 1 (800) 652-9747 and ask to be connected to the "State Hospital Study." The state operator will then connect the caller to our phone.



*Copy sent
to all
radio
stations*

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
ANOKA STATE HOSPITAL
ANOKA, MINNESOTA 55303

August 20, 1984

Public Relations
Minnesota Hospital Association
2333 University Avenue S.E.
Minneapolis, MN 55414

Dear Friend,

Could you air this public service announcement from now until the Town Meeting?

State Hospitals - Is Closure the Answer?

If you are interested in Anoka State Hospital, the issues relating to closure and how it may affect your community, attend the Town Meeting at Anoka City Hall, Thursday September 6, 7:00 - 9:30 p.m. This meeting is sponsored by State Planning Agency and hosted by Anoka City Hall. Everyone is invited and encouraged to speak up and share your views. This is a very important issue at this time. All thoughts and considerations are welcome.

That's Thursday September 6th at 7:00 p.m. in the Anoka City Hall.

If you have any questions or need more information, please contact me at 422-4369. Thank you for any publicity you can give this meeting.

Sincerely,

Sandy Bergeron
Volunteer Services Coordinator

SB/krq

STATE HOSPITAL S

Is Closure The Answer?

A town meeting where citizens can discuss issues affecting Anoka State Hospital is scheduled at:

Anoka City Hall

2015 First Ave. - Anoka

September 6, 1984

7 - 9:30 p.m.

This town meeting is intended to provide the Governor and the Legislature with information on which to base future decisions regarding state hospitals. The program will consist of a brief presentation by Colleen Wieck, Project Director from the State Planning Agency, on the 1984 legislation and subsequent studies. Most of the program will be devoted to audience participation.

Please feel free to bring friends and neighbors, everyone is invited.

Your voiced opinions at this meeting can influence the future.

ANOKA STATE HOSPITAL
M. & T. INFORMATION BULLETIN

No. 62

Thursday, September 6, 1984

1.

TOWN MEETING TONIGHT AT THE ANOKA CITY HALL

PURPOSE OF MEETING IS TO DISCUSS THE FUTURE OF OUR
STATE HOSPITAL. Everyone is invited to attend and to bring
friends. 7 P.M.

2. GRAND ROUNDS Open to all staff.

September 12 10 - 12 C.D. Audit. Case Conference
Presented by Vail II Team

September 19

September 27 10 - 12 C.D. Audit. Alzheimers Disease
(Thursday - please Case Conference presented by
note date change Vail III team.

Marlene Pritchett
Staff Development Coordinator

3. September 18 (mandatory attendance)

FIRE REFRESHER IN-SERVICE

7:30 a.m. 10 a.m. 1 p.m. 2:15 p.m.
Fahr II Classroom

September 19 10 - 11:15 C.D. Auditorium

October 5 7:30 a.m. 10 a.m. 1 p.m. 2:15 p.m.
Fahr II Classroom

Safety Committee/Staff Development

4. The Patient Advocate will not be in on Friday, September 7th.

5. State Capitol Credit Union will make both guaranteed student loans and
parent loans (HEAF). For loan application see Joyce Swanson.

*Unpublished
Bulletin
in 1st hospital
bulletin
2-3 weeks
ago
1983*

SPECIAL NOTICE

The Minnesota State Planning Agency is conducting a study on state hospitals. They have planned in conjunction with the city of Anoka to hold a town meeting on Thursday, September 6, 1984. It will be held in the community room in City Hall at 7:30 p.m. You are welcome and encouraged to attend. The topic of discussion will include how the hospital affects the community and what the future of state hospitals would be.



VOLUNTEER INSERVICE

TREATMENT AND PROGRAMS FOR THE MENTALLY ILL

AT

ANOKA STATE HOSPITAL

10 A.M. - 12 Noon

Thursday, September 27th

Learn about current treatment programs, why specific therapies are offered and how they benefit the patient. This will be held in the Administration Building in the Conference Room.

Please RSVP by calling 422-4369 by 9-25-84

"Rochester State Hospital CLOSED"

Is Anoka Headed For The Same Fate?

Come to the Town Meeting and voice your opinion!

September 6th, 7:00 p.m.

Anoka City Hall

Anoka State Hospital's fate is lying in wait. The Town Meeting is being hosted by the State Planning Agency in conjunction with the City of Anoka to look at what's happening at Anoka State Hospital, who is involved and what people think about it all. If you feel that you have a stake in Anoka State Hospital's future, come to the meeting; bring a friend and encourage co-workers to join you! We need to hear from everyone and show our support with a huge turnout. Spread the word - September 6th at 7:00 p.m.

4 X 8 FOOT SIGN ON
7TH AVENUE NORTH
INSTALLED 2 WEEKS
BEFORE town mtg.

TOWN MEETING
7:00 P M THURSDAY, SEPTEMBER 6TH
ANOKA CITY HALL

ANOKA STATE HOSPITAL —
WHAT IF IT IS CLOSED ?

ANOKA STATE HOSPITAL
M. & T. Information Bulletin
No. 61

Monday, August 27, 1984.

1. ALL HOSPITAL MEETING: 8/29/84, 3 PM

AUDITORIUM

To discuss the town meeting scheduled for 9/6/84 at Anoka City Hall.

A panel of Administration and Union Reps will be available to answer questions. Please try to attend.


Jonathan A. Balk, CEO

2. Effective Wednesday, August 29th, Miller North will need everyone's assistance to respond to Dr. Blacks. This is essential during the next 60 days while there will be only one unit in Miller Building.
3. Telephone Number for Bruce Hesse, Social Worker, CDC Ext. 262 omitted from the telephone book.
4. Juanita Kongsjord can be reached at Ext. 307.
5. A big thanks to everyone who helped with the hospital picnic! It's nice to be able to meet people in an out-of-work setting and meet their families. A big thanks to dietary staff, for the punch and coffee, maintenance, for bringing chairs and tables and all the "big stuff", Joyce & Axel Gessel for being "race-finish watchers" and "ribbon awarders", Archie Anderson, official finish line holder, L.T. for making signs and everyone who came and made it successful. On to the third! (annual picnic 1985).
6. The Patient Advocate's office will be closed on Thursday as the Patient Advocate will be attending a Department of Human Services Advocates meeting in St. Paul.
7. To my Friends and Co-Workers.
Thank you for the cards, notes, phone calls and the person to person conversations. Your kindness and support has helped me cope with this difficult time in my life, the recent death of my husband.

Marlene Pritchett

8. The following employees are overdue for chest x-rays/mantoux. Please report by August 31st.

Miller North
Donna Carlson
Dr. Coelho
Rosemary Rausch

Administration
Pearl Anderson
James Jaeger
Vail I
Greg Sende

Cottage 8
Diane Gamm
CDC
Ruth Wold

If you have any questions please contact X-ray Ext 320.

(over)

ANOKA UNION 8-10-84

Town meeting set on State Hospital issues

A town meeting where citizens can discuss issues affecting Anoka State Hospital is scheduled at Anoka City Hall September 6, 7 to 9:30 p.m.

Persons with physical handicaps-mobility impairments may enter city hall from the north parking lot to the lower level of the building.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9.

These town meetings, plus several studies being undertaken by Minnesota State Planning Agency, are intended to provide the Governor and the legislature with information on which to base future decisions.

The studies include topics such as client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

These public forums, which will take place in each of the eight state hospital regions and metropolitan area, are intended to collect public testimony in preparation for the 1985 legislative session.

The program will consist of a brief presentation by Colleen Wieck, project director, on the 1984 legislation and the resulting studies and projects currently underway by the State Planning Agency (SPA). These include buildings, cost, economic impact, employees, residents-patients, state-operated services, and public process. Most of the program will be devoted to audience participation.

Tom Triplett, SPA director, has stated that he has received assurance from the Governor and the legislature that no state hospital will be closed until all the facts have been assembled and analyzed. It is hoped that the town meetings will generate specific suggestions for the legislature to consider.

Of major concern is how to provide cost-effective, quality services while recognizing economic constraints.

Persons unable to attend the town meeting in their region are invited to send their suggestions to Wieck, Developmental Disabilities Program, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul MN 55101.

Anoka state hospital gets local backing

Any attempt to close Anoka State Hospital will meet stiff resistance from area residents on both moral and economic grounds, an Anoka city official said Thursday night.

"I used to be a severe critic of the hospital and the way it was run, but no more," Anoka City Council member John Weaver told State Planning Agency officials at a public forum in Anoka on the future of eight state hospitals.

"It used to be a disgrace, a warehouse with 1,500 patients and no full-time psychiatrist. It was the bottom of the pit. Fortunately, that changed. Now it's a first-class hospital for the mentally ill and a community asset."

The planning agency is conducting nine forums on the hospitals across the state through Oct. 9. Officials of the Department of Human Services, which operates the hospitals, deny there are plans for more shutdowns.

Since 1977 state hospitals in Hastings and Rochester have been closed, partly as a result of declining patient populations.

The shift in treatment emphasis for the mentally retarded in recent years toward community-based programs and away from central institutions has stirred speculation that more state hospital closings are likely.

Scannen leads

Friday, August 31, 1984

JB

happenings

Town meeting on ASH

Issues affecting Anoka State Hospital will be discussed at Anoka City Hall from 7 p.m. to 9:30 p.m. Sept. 6.

The town meeting is intended to provide the governor and State Legislature with information on which to base future decisions regarding state hospitals.

The program will consist of a brief presentation by Colleen Wieck, project director from the State Planning Agency, on the 1984 legislation and subsequent studies. Most of the program will be devoted to audience participation.



Staff Photo by Bruce Bisping

Red brick buildings grace the grounds of Anoka State Hospital.

Hospital Continued from page 11C 1B

The alleged hobgoblin here is government's new efforts to stifle Medicaid and Medicare spending in private hospitals. Under Medicare, the health plan for the elderly, hospitals are paid according to "diagnosis-related groups" — a flat rate for each type of patient.

A similar system is in place for Medicaid payments to hospitals. The effect of the flat rates in both systems, critics say, is that private hospitals have a financial incentive to get mental patients out as quickly as possible.

If they need more treatment, and many do, that means an eventual referral to Anoka. Hospitals have an even greater incentive to get rid of patients on General Assistance Medical Care because the flat rate is even lower, according to

the mental health system — not just Anoka State Hospital — is glutted with increasingly difficult psychotics. Even the number of offenders tested to determine if they are too mentally ill to stand trial has more than doubled in a year's time, according to James Hanson, director of the county's screening program for potentially committed patients.

A similar picture was painted at the Crisis Intervention Center, at Hennepin County Medical Center. Psychologist Zigfrids Stelmachers, crisis cen-

ter director, said Anoka apparently is "experiencing what we are experiencing — the whole system is backing up."

More and more troubled people are coming to the center, he said. More of them nowadays require consultation with a psychiatrist but few of these troubled people are admitted to the hospital in-patient service, Stelmachers said, "because it's always full."

Why?

"What the reason is for this system-wide," he said, "I don't know."

"...we're under tremendous pressure to start moving that patient into the state hospital," Beecher said. "But Anoka is full of committed patients ...

"The system is backing up."

In Beecher's view the problem was worsened by the 1981 Legislature's cuts in rates paid to psychiatrists for treating Medicaid and General Assistance patients. These doctors "have very little incentive to treat patients ... (They) don't want to get \$10 a day to treat these people," he said.

That would mean that more patients get cast adrift, often landing in Hen-

SAVE BIG DOLLARS...8 STO

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That would mean that more patients get cast adrift, often landing in Hennepin County Medical Center or the Crisis Intervention Center, eventually adding to the pool of psychotics who, without private insurance, are grist for commitment to Anoka.

Another possible factor in Anoka's population boom is frequently cited: That it's cheaper for the county to have patients in Anoka, where the county's share of the cost is 10 percent of the daily rate, than to have them in community programs where costs and the county's share are much higher.

Some observers believe recent changes in the Minnesota commitment law — designed to prevent "railroading" people into hospitals against their will — add to the length of stay at Anoka and therefore to the absence of empty beds.

The theory is that the tougher it gets to commit someone, the more difficult to handle are those who are committed. You don't get committed, in other words, unless you are *really* in bad shape and need long-term treatment. The more such people on the Anoka campus the slower the turnover and the fewer empty beds.

But there is general agreement that

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Community

Expansion of Anoka State

By Paul Gustafson
Staff Writer

State officials should study expanding, not closing, Anoka State Hospital, which is unable to serve all the mentally ill and retarded people who need its services, hospital employees, residents and officials said at a public hearing Thursday.

Anoka and other state hospitals are being studied by a state task force, headed by State Planning Agency officials. Employees and officials whose towns have hospitals fear the study is a prelude to more closings. State hospitals in Hastings and Roch-

ester have been closed in the past seven years.

Anoka officials, who had been unhappy with the hospital in 1980 after a series of patient escapes, joined patients and employees who said Anoka should be the last hospital considered for closing. Two residents died as a result of the escapes.

Anoka City Councilman John Weaver admitted that in 1980 local officials and residents were concerned that the hospital "was not doing the job." But conditions at the hospital, and community reaction to it, has vastly improved under the leadership of

Chief Executive Officer Jonathan Balk, Weaver said.

Mary Hicken, a member of the League of Women Voters, said her group concluded after a recent study that "the hospital is of benefit to the community in more ways than one ... If Anoka didn't have the state hospital, it would be missed."

State Rep. Darby Nelson told a packed auditorium at Anoka City Hall that the question of whether more state hospitals should be closed "seems reasonable" because the number of state hospital patients is declining.

Teachers instructed in effective

Minneapolis Star and Tribune

Friday
September 7/1984

5B.

Hospital urged at hearing

But Nelson received an ovation when he pointed out that Anoka's backlog of patient referrals is "in marked contrast" to other state hospitals where patient loads have declined.

Anoka State Hospital is the treatment center for the least affluent and most severely disabled mental patients in the Twin Cities area. "It's really important the different role Anoka plays becomes more well known," Nelson said.

Heaver said he doubted that the expansion of community-based facilities for the mentally ill and retarded

is less expensive than maintaining state hospitals, especially those like Anoka with increasing patient demands.

Though not contradicting the concept of "de-institutionalization" of patients, Anoka County social worker Roy Newcomb told state officials that he doubts whether there are community facilities to accommodate some of Anoka's difficult patients.

"We have no halfway houses for them in Anoka County," Newcomb said. "We refer them to facilities usually in the poorer districts of Min-

neapolis and St. Paul, and those facilities are very selective in who they accept.

"For over a year at Anoka, you have to prove in court that a person is dangerous to self or others before they can be accepted because of the demand. Instead of talking about closing Anoka State Hospital, we should talk about improving and expanding it, making it a better place."

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Special Olympics

*Press
file*



Metro news

Minneapolis St.

Monday
August 20/1984

State hospital has to turn away patients

By Sam Newland
Staff Writer

Anoka State Hospital, the treatment center for the metropolitan area's most affluent and most severely disabled mental patients, is so full that it is turning patients away.

It is supposed to serve patients from Ansonia, Ramsey and four other counties, and it does. But nowadays, officials said last week, the hospital's wards are virtually closed to anybody who wants to go there voluntarily. Early all who gain admission are committed by Probate Court. And once treated at Anoka are likely to remain longer than people who were

treated there a few years ago. Some are being diverted to other state hospitals.

The hospital averaged 237 mentally ill patients a day (plus 79 chemically dependent ones) during the past fiscal year, and for reasons difficult to pinpoint they were staying longer than mental patients used to. Four years ago the median length of stay for Anoka patients was 7½ months. It was down to 4 months by mid-1983 and back up to 5½ months by mid-1984, according to Jonathan Balk, chief executive officer.

The change runs counter to the general trend since major tranquilizing

drugs began bringing down the length of mental hospital stays about two decades ago.

"It's a reversal of all our hard work and it's very frustrating," Balk said.

The trend could point to an influx of tougher patients, the kind that one Minneapolis psychiatrist called "the dirty, chronic, screaming and bawling, disruptive, extremely ill people."

In fact, helping numbers of seriously disturbed people whose mental troubles take longer to calm were cited by a number of knowledgeable sources as one factor in Anoka's

booming business in psychiatry.

No one can say for certain why the number of patients is increasing at Anoka. But the acting director of the state Department of Human Services said he thinks it may reflect delayed emotional fallout from the recent recession.

"It does seem that the economic recovery is not floating all boats," said Dr. Brian Gottlieb. And people suffering hard times, including emotional trauma, "tend to drift into the urban crowd," he said.

That may be one reason Anoka is unlike the other five state hospitals

that treat the mentally ill. These are at Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar.

James Walker, director of residential facilities in the Minnesota human services department, said the mentally ill rosters at those institutions still follow the long-term trend — more people being treated in shorter lengths of time.

Several analysts agreed on a final, indirect reason for Anoka's brisk business:

Money.

Hospital continued on page 7B

Hospital

Continued from page 11C 2B

The alleged bogobobla here is government's new efforts to stifle Medicaid and Medicare spending in private hospitals. Under Medicare, the health plan for the elderly, hospitals are paid according to "diagnosis-related groups" — a flat rate for each type of patient.

A similar system is in place for Medicaid payments to hospitals. The effect of the flat rates in both systems, critics say, is that private hospitals have a financial incentive to get mental patients out as quickly as possible.

If they need more treatment, and many do, that means an eventual referral to Anoka. Hospitals have an even greater incentive to get rid of patients on General Assistance Medical Care because the flat rate is even less for that program, according to Lee Beecher, legislative representative and president-elect of the Minnesota Psychiatric Society.

"As a physician you're under tremendous pressure to start moving that patient into the state hospital," Beecher said. "But Anoka is full of committed patients ...

"The system is backing up."

In Beecher's view the problem was worsened by the 1981 Legislature's cuts in rates paid to psychiatrists for treating Medicaid and General Assistance patients. These doctors "have very little incentive to treat patients ... (They) don't want to get \$10 a day to treat these people," he said.

That would mean that more patients get cast adrift, often landing in Hennepin County Medical Center or the Crisis Intervention Center, eventually adding to the pool of psychotics who, without private insurance, are gird for commitment to Anoka.

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But there is general agreement that

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A similar picture was painted at the Crisis Intervention Center, at Hennepin County Medical Center. Psychologist Zigmund Steinhilber, crisis cen-

ter director, said Anoka apparently is "experiencing what we are experiencing — the whole system is backing up."

More and more troubled people are coming to the center, he said. More of them nowadays require consultation with a psychiatrist but few of these troubled people are admitted to the hospital in-patient service, Steinhilber said, "because it's always full."

Why?

"What the reason is for this system-wide," he said, "I don't know."

ity government

Anoka State Hospital expansion urged

Anoka State Hospital provides a vital need for the mentally ill and the Minnesota Legislature should take plans to expand, not close the facility, a packed audience told local and state officials at a public hearing in Anoka City Hall community room Sept. 6.

A state task force, headed by the State Planning Agency is studying Minnesota's state hospitals. Anoka State Hospital residents, employees and visitors emphasized that Anoka State Hospital is a model facility for other states to study and should be expanded to serve the mentally ill, retarded and emotionally dependent.

"We don't have the space now," said one employee. "We can take care only of commitments. Instead of closing the hospital, they should talk about expanding. We staff cry because they can't get the things they need for their patients."

A volunteer worker said it is sad to even think about closing the facility.

A former patient who completed the chemical dependency program at Anoka State Hospital said the hospital has the finest psychologists. "Other states come to study our system. If we close, what do we do with these needy people? People know the problem exists and we need a place to treat them. Don't judge our hospitals by other states."

More bed space is needed, he said, noting that some patients are discharged before they are ready to face society and as a result, some commit suicide or have other problems. "Why not remain at the hospital and get proper treatment, use the shut down areas of the hospital," he said. "The so-called revolving door

situation should be expected. It should be easy to get into the hospital."

A patient who said he is classified as mentally ill and dangerous asked that the hospital be kept open "because they have excellent food and the staff cares about their patients. A lot of people get help there so they can go to the outside world, but not everyone can do this."

Alcoholics who have exhausted their funds and other avenues of treatment do not have money or insurance to go to private institutions and need a place of treatment. "It is almost a miracle the way they can come back," said a former patient.

"If not for Anoka State Hospital, I wouldn't be here as a walking miracle," said another former chemically dependent patient, who urged that the present four closed buildings be brought up to code and used.

"Shutting off Anoka State Hospital is like saying we don't want you around anymore," he said.

Anoka State Hospital is a benefit to the community in many ways, and would be missed, said Mary Hicken of the League of Women Voters.

State Rep. Darby Nelson said that it might be reasonable to close some state hospitals because of patient decline, but that is not the situation at Anoka State Hospital, where there is a backlog of patient referrals. The facility has patients referred by court and treats the most seriously mental patients and some of the most destitute in the Twin Cities area.

Anoka Councilmember John Weaver said that prior to 1960 city officials and the community were upset because the hospital was not doing the job, but the

situation was vastly improved after Dr. Jonathan Balk and a chief medical director were hired after a nationwide search.

"You have to be there to see how much the staff cares," said an employee. "They are dedicated and work long and hard." She said some of the patients referred to the hospital are "not the cream of the crop, but we still love them. If the hospital were closed, where would you send them?"

Weaver doubted that appropriating funds to expand community-based facilities would be less expensive than upgrading and expanding Anoka State Hospital.

Another employee said he is impressed by the hospital staff. "We are recognized nationally as a leader and it is frustrating to see money cut that should be used to care for the mentally ill."

A state official said he disagreed with the way the Rochester State Hospital was closed. He said it was disrupting and up against limited alternatives. "We had to send some patients to the second or third best alternatives."

Another suggested that a half-way house on grounds would be helpful for patients before discharge.

"I am grateful that we have a place like this to go," said one young chemically dependent patient undergoing treatment. "I can work, get treated, see my family. We are close to the cities where a lot of patients live. I would hate to go back to Faribault and leave my friends behind. This is something I need, my friends, to get support from them. Here, I am also continuing my education."



MURIEL KARLINS, town meeting coordinator, addressed audience. Above right is Mayor Lorraine Boettler and Councilmember Don Melrose.



THERE WAS A STANDING-ROOM ONLY CROWD AT Anoka City Hall last week for a town meeting on the future of Anoka State Hospital. Members of the audience told officials of the State Planning Agency, which held the meeting, that the hospital should be expanded. Story, page 20.

Photo by
Joe Perrin